O0737 Chronic bacterial prostatitis: prolonged treatment with oral fosfomycin

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Background: Chronic bacterial prostatitis (CBP) is the most common urological diagnosis in young and middle-aged men. Treatment of patients with CBP has been demanding due to limited oral antibiotics achieving therapeutic concentrations in the prostate, frequently necessitating the administration of prolonged regimens. The emergence of resistance of MDR Enterobacteriaceae, even in the community, has made treatment even more challenging. Oral fosfomycin with excellent in vitro activity against most uropathogens, as well as advantageous kinetics in the prostate tissue has been evolving for the treatment of CBP. The aim of the present study was to evaluate the effectiveness of prolonged oral fosfomycin in the treatment of CBP.

Materials/methods: Patients diagnosed with CBP in the Outpatient ID Clinic of a tertiary hospital from 2013 - 2017 were included in the present study. Patients with urinary symptoms and a positive urine culture or a positive Stamey - Meares procedure as well as a transrectal ultrasound and/or MRI of the prostate with signs of inflammation were included. Primary endpoint was clinical cure at the end of therapy (E.O.T) and rate of relapse at 3 and 6 months.

Results: Twenty-four patients were included with a mean age of 53 years (range: 28 - 82 years) and had experienced previous episodes of CBP (mean: 2 episodes, range: 0 - 5). The most common pathogen was Escherichia coli (65%), followed by Enterococcus faecalis (17%). Most strains were MDR (65%) and 33% had a phenotype of ESBL, whereas 18 out of 24 strains were resistant to fluoroquinolones but susceptible to fosfomycin. Oral fosfomycin was administrated once daily at a dosage of 3gr for the first week to be followed by 3gr every 48 hours for a median of 3 months. The clinical cure rate at E.O.T was 79%, whereas relapse at 3 and 6 months was 9% and 4%. Minimal toxicity mainly presenting with diarrhea (3 patients) was observed.

Conclusions: Oral fosfomycin, particularly in the era of MDR prevalence, represents an attractive alternative regimen to fluoroquinolones for the treatment of chronic bacterial prostatitis.